

## 10/517289

Effective October 1, 2004    Column											150343	
CLAIMS AS FILED - PART I											203	75
	OTAL CLAIM	<u> </u>		(Column 1) (Colum				SMALL ENTITY TYPE			OTHE!	R THAN ENTITY
$\parallel$			ļ	ļ				RATE FE			RATE	FEE
-	FOR			R FILED	NUME	BER EXTRA	ВА	BASIC FEE		OR	BASIC FEE	<del></del>
╟	OTAL CHARGE	minus 20=				,	KS 9=		ÖR	XS18=	1/2	
II—	DEPENDENT (	minus 3 =				X44=		<del> </del>	-		<del> </del>	
MULTIPLE DEPENDENT CLAIM PRESENT							-		<del> </del>	OR	~00±	-
•	If the difference in column 1 is less than zero, enter "0" in column 2							(5)6 =		OR	X300=	
	CLAIMS AS AMENDED - PART II							OTAL	L	JOR	TOTAL	750
_	(Column 1) (Column 2) (Column							MALL	ENTITY	OR		THAN ENTITY
NTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO	EST BER USLY	PRESENT EXTRA		ATE	ADDI- TIONAL	7	RATE	ADDI- TIONAL
AMENDMENT	Total	*	Minus	PAID F	<u>-OR</u>	=	XS 9=		FEE	OR	XS18=	FEE
	Independent	•	Minus	- 1		=	×	43= -		1	X86=	
<u></u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			OR	7,002	<b> </b>
	·							45=		OR	+290=	
•		(Column 1)	-			•		T. FEE	ļ	OR ,	TOTAL ADDIT. FEE	·
B	(Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST										-	
AMENDMENT		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	USLY	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Q	Total	•	Minus	•••		=	XS	9=		OR	X\$18=	
AME	Incependent		Minus	***		=	X4	13=		ŀ	X86=	
	FIRST PRESE	NIATION OF ML	JLTIPLE DEI	TIPLE DEPENDENT C			-			OR	700=	
								45= OTAL		OR	+29 <b>0</b> =	
										OR A	TOTAL DDIT. FEE	· 
		(Column 1) CLAIMS		(Column		(Column 3)						
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVIOU PAID FO	R	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
g	Total	•	Minus	**		=	X\$	9-			V\$10-	FEE_
AME	Independent	1	Minus	***		= '	-			OR	X\$18=	
	FIRST PRESE	X4:	5=		OR _	X86=						
- 11	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										+290=	· [
16	the "Highest Nun	nber Previously Pai nber Previously Pai per Previously Paid	a For IN THIS	SPACE is le	ess than	20, enter *20.*	ADDIT	FEE _		OR At	TOTAL DDIT. FEE	
2814					, uic 1	nyrkat number i	ion necon	⊶c appr	nbugle pox	in colur	mn 1.	ĺ